

Town of Reading 16 Lowell Street Reading, MA 01867-2683

HEALTH

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Website: www.readingma.gov

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Date:			
Dale.			

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

NEW	REMODELCON	IVERSION
Name of Establishment:		
Category: Restaurant, Institut	tion, Daycare	, Retail Market,
Supermarket Other		
Address:		
Phone if available:		
Name of Owner:		
Mailing Address:		
Telephone:	Email:	
Applicant's Name:		
Title (owner, manager, architect, etc.):	
Mailing Address:		
Telephone:	Email:	
I have submitted plans/application	ns to the following auth	orities on the following dates:
Licensing		Plumbing
Zoning		Electric
Planning Building		Police
Conservation		Fire

Days and Hours of Operation

Sun	Mon	_ Tue	Wed		
Thurs	Fri	Sat			
Number of Seats:		Number of Staff: (Maximum per shift)			
Total Square Feet of Facility:		Number of Floors on which operations are conducted			
Maximum Meals to be Served: (approximate number)		Breakfast Lunch Dinner			
Projected Date for Start	of Project:				
Projected Date for Com	pletion of Project:				
Type of Service: (check all that apply)		Take Out Caterer Mobile Vendor			
Please enclose the follo	wing documents:				
Proposed Menu (including seasonal, o	ff-site and banquet menu	s)		
Manufacturer Sp	ecification sheets for	each piece of equipment	shown on the plan		
<u>*</u>		in building, location of bipment (dumpsters, well,	building on site including septic system-if		
Plan drawn to sca		ent showing location of	equipment, plumbing,		
Equipment schedule					

\$150 Fee payable to Town of Reading

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

- 1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.
- 2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
- 3. Show the location and elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
- 4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
- 5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
- 6. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation.
- 7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
- 8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required.
- 9. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
 - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;

- d. Lighting schedule with protectors;
 - (1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
 - (2) At least 220 lux (20 foot candles):
 - (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
 - (b) Inside equipment such as reach-in and under-counter refrigerators;
 - (c) At a distance of 75 cm (30 inches) above the floor in areas used for hand washing, warewashing and equipment and utensil storage, and in toilet rooms; and
 - (3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
- e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).
- f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with;
- g. A **color coded** flow chart demonstrating flow patterns for:

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-food (receiving, storage, preparation, service);
-food and dishes (portioning, transport, service);
-dishes (clean, soiled, cleaning, storage);
-utensil (storage, use, cleaning);
-trash and garbage (service area, holding, storage);
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n. Ventilation schedule for each room;
i. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
j. Garbage can washing area/facility;
k. Cabinets for storing toxic chemicals;
I. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;
m. Completed Section 1;
n. Site plan (plot plan)
FOOD PREPARATION REVIEW
Check categories of Potentially Hazardous Foods (PHFs) to be handled, prepared and
served.
CATEGORY* 1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets) 2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams) 3. Cold processed foods (salads, sandwiches, vegetables) 4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles 5. Bakery goods (pies, custards, cream fillings & toppings) (YES) (NO) () () () ()
6. Other * A generic HACCP plan for each category of food may be available from the regulatory authority for reference.
PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS
FOOD SUPPLIES:
1. Are all food supplies from inspected and approved sources? YES / NO
2. What are the projected frequencies of deliveries for Frozen foods,
Refrigerated foods and Dry goods
3. Provide information on the amount of space (in cubic feet) allocated for:
Dry storage
Refrigerated storage, and
Frozen storage

4. Hov	w will dry goods be stored	I off the floor?	
COLD	STORAGE:		
1.	Is adequate and approved refrigerated foods at 41°F	freezer and refrigeration available (5°C) and below? YES	
2.	Provide the method used	to calculate cold storage requireme	ents.
3.	Will raw meats, poultry a cooked/ready-to-eat foods	nd seafood be stored in the same res? YES / NO	efrigerators and freezers with
	If yes, how will cross-con	ntamination be prevented?	
4.	Does each refrigerator/fre	eezer have a thermometer?	YES / NO
	Number of refrigeration	units:	
	Number of freezer units:		
5.	5. Is there a bulk ice machine available?		YES / NO
THAW	ING FROZEN POTENTIAL	LY HAZARDOUS FOOD:	
Please	indicate by checking the ap	propriate boxes how frozen potentia	lly hazardous foods (PHFs) in
each ca	ategory will be thawed. Mor	e than one method may apply. Also	, indicate where thawing will take
place.			
Thawir	ng Method	*THICK FROZEN FOODS	*THIN FROZEN FOODS
Refrige	eration		
Runnin 70°F(2	g Water Less than 1°C)		
	ave (as part of cooking		

Cooked from Frozen state

Other (describe)

^{*}Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

COOKING:	
Will food product thermometers be used to measure of PHFs? YES / NO	ng temperature will be
What type of temperature measuring device:	
Minimum cooking time and temperatures of product utilizing of	convection and conduction heating elements:
beef roasts solid seafood pieces other PHFs eggs:	130°F (121 min) 145°F (15 sec) 145°F (15 sec)
Immediate service Pooled* (pasteurized eggs must be served to a hig	145°F (15 sec) 155°F (15 sec) hly susceptible population)
pork comminuted meats/fish poultry reheated PHFs	145°F (15 sec) 155°F (15 sec) 165°F (15 sec) 165°F (15 sec)
2. List types of cooking equipment.	
HOT/COLD HOLDING:	
1. How will hot PHFs be maintained at 140°F (60°C) of service? Indicate type and number of hot holding up	

2. How will cold PHFs be maintained at 41°F (5°C) or below during holding for service? Indicate type and number of cold holding units.

COOLING:

Please indicate by checking the appropriate boxes how PHFs will be cooled to 41°F (5°C) within 6 hours (140°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

COOLING	THICK	THIN	THIN SOUPS/	THICK	RICE/
METHOD	MEATS	MEATS	GRAVY	SOUPS/	NOODLES
				GRAVY	
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

REHEATING:

1. How will PHFs that are cooked, cooled, and reheated for hot holding be reheated s					
all parts of the food reach a temperature of at least 165°F for 15 seconds. Indic					
number of units used for reheating foods.					
2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hou	urs?				
PREPARATION:					
Please list categories of foods prepared more than 12 hours in advance of service.	ce.				
2. Will food employees be trained in good food sanitation practices? YES / NO					
Method of training:					
Number(s) of employees:					
Dates of completion:					
3. Will disposable gloves and/or utensils and/or food grade paper be used to preve	nt				
handling of ready-to-eat foods? YES / NO					

- 4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES / NO

Please describe briefly:
Will employees have paid sick leave? YES / NO
5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?
Chemical Type:
Concentration:
Test Kit: YES / NO
6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES/NO
If not, how will ready-to-eat foods be cooled to 41°F?
7. Will all produce be washed on-site prior to use? YES / NO
Is there a planned location used for washing produce? YES / NO
Describe

If not, describe the procedure for cleaning and sanitizing multiple use sinks bet				
8. Describe the procedure used for minimizing the length of time PHFs will be ke	pt in the			
temperature danger zone (41°F - 140°F) during preparation.				
9. Provide a HACCP plan for specialized processing methods such as vacuum p	ackaged			
food items prepared on-site or otherwise required by the regulatory authority.				
10. Will the facility be serving food to a highly susceptible population? YES / NO				
If yes, how will the temperature of foods be maintained while being transferred be	etween the			
kitchen and service area?				

A. FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

LOCATION	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators & Freezers				

B. INSECT AND RODENT CONTROL

APPLICANT: Please check appropriate boxes. YES NO NA 1. Will all outside doors be self-closing and rodent proof? 2. Are screen doors provided on all entrances left open to the outside? ()()() 3. Do all openable windows have a minimum #16 mesh screening? ()()() 4. Is the placement of electrocution devices identified on the plan? () () ()5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? ()()() 6. Is area around building clear of unnecessary brush, litter, boxes and other ()()() harborage? 7. Will air curtains be used? If yes, where? _____ ()()() C. GARBAGE AND REFUSE $\Leftrightarrow \Leftrightarrow \Leftrightarrow$ Inside 8. Do all containers have lids? ()()() 9. Will refuse be stored inside? ()()() If so, where? ()10. Is there an area designated for garbage can or floor mat cleaning? () () ()**Outside** $\Leftrightarrow \Leftrightarrow \Leftrightarrow$ 11. Will a dumpster be used? () () ()Number _____ Size _____ Frequency of pickup _____ Contractor _____ () () ()12. Will a compactor be used? Number _____ Size _____ Frequency of pickup _____ Contractor ____ 13. Will garbage cans be stored outside? ()()()

14. Describe surface and location where dumpster/compactor/garbage cans are to be	stored	_	
	-		
15. Describe location of grease storage receptacle	_		
	-		
16. Is there an area to store recycled containers?	()	()	()
	-		
Indicate what materials are required to be recycled:			
() Glass			
() Metal			
() Paper			
() Cardboard			
() Plastic			
17. Is there any area to store returnable damaged goods?	()	()	()

PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	*"P" TRAP	VACUUM BREAKER	CONDENSATE PUMP
18. Toilet						
19. Urinals						
20. Dishwasher						
21. Garbage Grinder						
22. Ice machines						
23. Ice storage bin						

24. Sinks					
a. Mop					
b. Janitor					
c. Hand wash					
d. 3 Compartment					
e. 2 Compartment					
f. 1 Compartment					
g. Water Station					
25. Steam					
Tables					
26. Dipper Wells					
27. Refrigeration condensate/ drain lines					
28. Hose					
Connection					
29. Potato peeler					
30. Beverage dispenser w/carbonator					
31. Other					
*TRAP: A fitting or device which provides a liquid seal to prevent the emission of sewer					

*TRAP: A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A "P" trap is a fixture trap that provides a liquid seal in the shape of the letter "P". Full "S" traps are prohibited.

32. Are floor drains provided & easily cleanable, if so, indicate location:			

E. WATER SUPPLY 33. Is water supply public () or private? () 34. If private, has source been approved? YES () NO () PENDING () Please attach copy of written approval and/or permit. 35. Is ice made on premises () or purchased commercially? () If made on premise, are specifications for the ice machine provided? YES () NO () Describe provision for ice scoop storage: Provide location of ice maker or bagging operation_____ 36. What is the capacity of the hot water generator? 37. Is the hot water generator sufficient for the needs of the establishment? Provide calculations for necessary hot water (see Part 5 & Part 9 under Section III in this manual) 38. Is there a water treatment device? YES () NO () If yes, how will the device be inspected & serviced? 39. How are backflow prevention devices inspected & serviced?

F. SEWAGE DISPOSAL

- 40. Is building connected to a municipal sewer? YES () NO ()
- 41. If no, is private disposal system approved? YES () NO () PENDING ()

Please attach copy of written approval and/or permit.

42. Are grease traps provided? YES () NO ()
If so, where?
Provide schedule for cleaning & maintenance
G. <u>DRESSING ROOMS</u>
43. Are dressing rooms provided? YES () NO ()
44. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)
H. GENERAL
45. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?
YES () NO ()
Indicate location:
46. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES () NO ()
47. Are all containers of toxics including sanitizing spray bottles clearly labeled?
YES () NO ()
48. Will linens be laundered on site? YES () NO ()
If yes, what will be laundered and where?
If no, how will linens be cleaned?
49. Is a laundry dryer available? YES () NO ()

50. Location of	of clean linen stor	age:			
51. Location o	of dirty linen stora	ige:			
	ners constructed			•	YES()NO()
53. Indicate a	ll areas where ex	haust hoods a	re installed:		-
LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM
54. How is ea	ch listed ventilati	on hood syster	n cleaned?		
I. <u>SINKS</u>					
55. Is a mop s	sink present? YE	S()NO()			
If no, please o	lescribe facility fo	or cleaning of m	nops and other ed	quipment:	-
56. If the men	u dictates, is a fo	ood preparation	sink present? Y	ES () NO ()	-

J. <u>DISHWASHING FACILITIES</u>

57. What type of sink is used for warewashing?
Two compartment sink () Three compartment sink ()
58. Is a dishwasher being used? Yes () No ()
Type of sanitization used:
Hot water (temp. provided)
Booster heater
Chemical type
Is ventilation provided? YES () NO ()
59. Do all dish machines have templates with operating instructions? YES () NO ()
60. Do all dish machines have temperature/pressure gauges / low sanitizer level alarms as required that are accurately working? YES () NO ()
61. Does the largest pot and pan fit into each compartment of the pot sink? YES () NO ()
If no, what is the procedure for manual cleaning and sanitizing?
62. Are there drain boards on both ends of the pot sink?
YES () NO ()
63. What type of sanitizer is used?
Chlorine () Iodine () Quaternary ammonium () Hot Water () Other ()
64. Are test papers and/or kits available for checking sanitizer concentration?
YES() NO()

K. HANDWASHING/TOILET FACILITIES

65. Is there a hand washing sink in each food preparation and warewashing area?
YES() NO()
66. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES () NO () $$
67. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES () NO ()
68. Is hand cleanser available at all hand washing sinks? YES () NO ()
69. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks? YES () NO ()
70. Are covered waste receptacles available in each restroom? YES () NO ()
71. Is hot and cold running water under pressure available at each hand washing sink?
YES () NO ()
72. Are all toilet room doors self-closing? YES () NO ()
73. Are all toilet rooms equipped with adequate ventilation? YES () NO ()
74. Is a hand washing sign posted in each employee restroom? YES () NO ()
L. SMALL EQUIPMENT REQUIREMENTS
75. Please specify the number, location, and types of each of the following:
Slicers
Cutting boards
Can openers
Mixers
Floor mats
Other

I nereby certify that the above information is correct, and i fu	lly understand that any
changes/deviation from the above without prior permission from	rom the Reading Health
Division may nullify final approval.	
Signature(s) of Owner(s) or Agent(s) Date:	

Approval of these plans and specifications by the Reading Health Division does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.